



LOS ANGELES COUNTY COMMISSION ON HIV

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While not required of meeting participants, signing-in constitutes public notice of attendance. Presence at meetings is recorded solely based on sign-in sheets, and not signing-in constitutes absence for Commission members. Only members of the Commission on HIV Health Services are accorded voting privileges, thus Commissioners who have not signed in cannot vote. Sign-in sheets are available upon request.

PRIORITIES AND PLANNING (P&P) AND STANDARDS OF CARE (SOC) COMMITTEES JOINT MEETING MINUTES

January 22, 2008

Approved
5/13/2008

MEMBERS PRESENT	MEMBERS ABSENT	PUBLIC	HIV EPI AND OAPP STAFF
Jeff Goodman, <i>Co-Chair P&P</i>	Mario Chavez (<i>P&P</i>)	Miki Jackson	<i>None</i>
Kathy Watt, <i>Co-Chair, P&P</i>	Eric Daar (<i>P&P</i>)	Michael Johnson	
Sharon Chamberlain (<i>SOC</i>)	David Giugni (<i>SOC</i>)	Ruel Nollado	COMM STAFF/ CONSULTANTS
Douglas Frye (<i>P&P</i>)	Jan King (<i>SOC</i>)	Marie Oranios	
Joanne Granai (<i>P&P</i>)	Quentin O'Brien (<i>P&P</i>)	Stephen Puentes	Jane Nachazel
Michael Green (<i>P&P</i>)	Angelica Palmeros (<i>SOC</i>)	Kevin Weiler	Glenda Pinney
Bradley Land (<i>P&P, SOC</i>)	Gilbert Varela (<i>SOC</i>)		Craig Vincent-Jones
Anna Long (<i>P&P</i>)	Fariba Younai (<i>SOC</i>)		Nicole Werner
Everardo Orozco (<i>SOC</i>)			

CONTENTS OF COMMITTEE PACKET:

- 1) **Agenda:** P&P Committee Meeting, 1/22/07
- 2) **List:** YR 19 Priority- and Allocation-Setting Provider Forums, Service Provider Network (SPN) Meetings, 1/4/08
- 3) **List:** YR 19 Priority- and Allocation-Setting Provider Forum Facilitators and Note Takers, 11/13/07
- 4) **PowerPoint:** YR 19 Priority- and Allocation-Setting Process, 1/22/08
- 5) **Matrix:** Office of AIDS Programs and Policy (OAPP) Fiscal Year 2006-2007 Actuals
- 6) **Matrix:** Public Health, Office of AIDS Programs and Policy (OAPP) Fiscal Year 2006-2007 Summary Budget, 1/10/07
- 7) **Matrix:** YR 17 CARE Act Part A and B Expenditures by Service Categories, Actuals as of 11/30/07, 1/22/08
- 8) **Matrix:** YR 17 CARE Act Part A and B Expenditures by Service Categories, Commitment as of 10/31/07, 1/22/09

1. **CALL TO ORDER:** Mr. Goodman called the meeting to order at 1:40 pm.
2. **APPROVAL OF AGENDA:**
MOTION #1: Approve the agenda order, as amended (*Passed by Consensus*).
3. **APPROVAL OF MEETING MINUTES:** There were no meeting minutes.
MOTION #2: Approve the meeting minutes, as presented (*Postponed*).
4. **PUBLIC COMMENT, NON-AGENDIZED:** There were no public comments.
5. **COMMISSION COMMENT, NON-AGENDIZED:**
 - In response to Ms. Granai's questions, Mr. Vincent-Jones replied that staff was in the process of catching up minutes for all of the committees. They would be brought forward in batches for Committee approval in the next few months. The 2008 goal was to post committee minutes on the website just as Commission minutes are now posted.

- He suggested people contact him if interested in minutes for a particular meeting so he could attend to them first. Ms. Watt counseled caution if minutes were out of order since ongoing discussions could raise questions were only one piece reviewed.

6. **PUBLIC/COMMISSION COMMENT FOLLOW-UP:** There were no comments.

7. **CO-CHAIRS' REPORT:** Mr. Goodman welcomed all to the start of the Year 19 Priority- and Allocation-Setting process.

8. **YR 19 PRIORITY- AND ALLOCATION-SETTING:**

A. Provider Forums:

- Mr. Goodman noted the schedule of Provider Forums to rank service categories and the list of facilitators for them.
- Mr. Johnson asked if Commissioners on provider seats had an additional vote to that of their providers since they represented all the providers in their SPA. It had been a matter of discussion SPA #8. Mr. Vincent-Jones said each provider had consistently only had one vote.
- Mr. Goodman, Mr. Land and Ms. Granai all felt Commissioners should not vote since they held dual responsibilities as Commissioners, and have the opportunity to express their interests and vote on actions at the Commission.

B. Paradigms and Operating Values:

- Mr. Goodman surveyed the breadth of information reviewed in the process, like utilization, special needs, special populations, epidemiology and other sources of funding.
- The paradigms chosen provide the ethical framework or lens for reviewing information. Generally they are grouped into those focusing on caring, like risk equalization, and justice, like equality. Operating values are the codes of conduct, or values, applied to the process, like access or survival.
- Mr. Vincent-Jones noted that generally about three paradigms and three operating values were chosen, but there was no set rule. More than one of each could be helpful since different perspectives may illuminate different categories. On the other hand, too many perspectives tended to cancel each other out. Dr. Green had suggested a straw poll of last year's choices rather than a vote, but most preferred to complete the process without being influenced by them.
- After discussion of the paradigms, each Committee member assigned three points to his/her first choice, two points to the second and one to the third. The points were totaled resulting in: 1) Equity, 18 points; 2) Utilitarianism, 17 points, and, 3) Nuanced Inclusiveness, 13 points. After voting, last year's choices were noted: Equity, Utilitarianism and Compassion.
- The same process was used to select the operating values: 1) Access, 13 points; 2) Efficiency; and, tied for 3) Quality of Care and Representation, 8 points each. Last year's choices were: Access, Efficiency and Quality of Care.

MOTION #3 (Goodman/Watt): Approve Equity, Utilitarianism and Nuanced Inclusiveness as paradigms and Access, Efficiency, Quality of Care and Representation as operating values for the Year 19 Priority- and Allocation-Setting Process (*Passed by Consensus*).

C. Funding Scenarios:

- Mr. Vincent-Jones reported that scenarios last year were: flat, with a range of a 4.9% increase or decrease; decrease, 5% or greater decrease; and increase, 5% or greater increase. He continued that implementation of decreases was structured to cut by up to 7.5% across the board. If that level were exceeded, it was agreed to reconvene and begin making reductions to whole service categories based on priority ranking. Dr. Green noted that a scenario for increased funds was usually moot, but decreases were likely.
- Ms. Granai asked about threshold issues, i.e., past a certain reduction threshold some services would not be sustainable. Dr. Green indicated that certain services must be provided regardless of funding, such as Medical Outpatient. He felt such categories could be funded by dollar amount, rather than percentage, to meet the standards of care. For example, the standard for Medical Outpatient called for four visits per year and could be funded to cover four visits for the number of people in the system. Mr. Goodman asked if a Fee-For-Service (FFS) rate was needed to do that, but Dr. Green said it was essential.
- Overall, Dr. Green said that scenarios like last year's could be used for most service categories. Other categories, however, were too important to be cut by percentage alone. For those, a commitment should be made to protect a lower threshold that met standards.
- Dr. Green said that would be an effective model for Medical Outpatient. Funding could be calculated by multiplying 4 (visits per standard) x number of patients x cost/visit. Mr. Vincent-Jones said he had reviewed actual visits several years ago and the average number was seven. Dr. Green noted the current average was six visits, but the standard of care was four.

- Mr. Land felt it was past time for the number of visits per year to be reviewed in light of acuity, especially since medications had altered the treatment landscape. He anticipated that a number of visits were excess follow-ups. He thought specific funding thresholds would be less disruptive to care than percentage reductions.
- Dr. Green also felt the FFS for Substance Abuse, Residential could be used to determine a dollar funding level. Other categories could be reviewed to determine if the model would be more appropriate for them.
- Mr. Goodman was concerned that a threshold model could skew Ryan White funds toward the few highest-ranked categories without taking NCC funds into account. Doing so could undermine Commission oversight.
- Ms. Granai was concerned that hard dollar figures could be viewed by those in Sacramento as sufficiency, but others felt it simply provided a safety net for the applicable services.
- Mr. Vincent-Jones suggested looking at thresholds as a separate discussion. It was not necessary to complete that discussion until the end of the priority- and allocation-setting process. That was the usual time to address funding implementation issues. Ms. Granai felt more consumers, e.g., the Consumer Caucus, should participate in threshold discussions.
- Ms. Watt said overall communication would be important as many would be concerned about specific funding numbers. She suggested routine priority- and allocation-setting updates to the Commission as was done last year.
- Dr. Green said, as representative of the grantee, he has wanted to provide more information for the process. This year he would provide recommendations in the different funding scenarios for the service categories. Mr. Goodman asked if NCC would be reflected. Dr. Green replied no because he felt that should be addressed in a different venue.
- Mr. Vincent-Jones said in the past he had advocated not delineating funding sources when discussing allocations. With the current funding climate, however, and the likelihood that stakeholders would be upset with any likely allocations, he suggested the Commission might request stakeholders to identify a funding source for any service increase.
- Dr. Green would provide information on a threshold figure for Medical Outpatient services at a later date.
- It was agreed to add discussion of thresholds to subsequent P&P agendas.
- It was agreed to adjust the flat funding scenario range from +/- 4.9% to a range of a 2.49% decrease to a 4.9% increase.
- It was agreed to stipulate in the Priority- and Allocation-Setting Policy that stakeholders recommending funding increases for service categories should also include

MOTION # (Goodman/Watt): Approve the following funding scenarios: flat, a 2.49% decrease to a 4.9% increase; decrease, 2.5% or greater decrease; increase, 4.9% or greater increase (*Passed by Consensus*).

9. YEAR 17 OAPP FINANCIAL REPORTS:

- Ms. Jackson asked about the annual financial reports promised from OAPP. Mr. Vincent-Jones said the reports in the packet were two of the three: the OAPP County budget (summary pages of the full budget) and program/program support/administrative cost. The full OAPP budget was available on the CEO's website under Public Health
- The third report, Net County Cost (NCC), was not ready as yet, but it was felt it would be beneficial to introduce the available material in advance for discussion when Dave Young formally presented at the February P&P meeting. Mr. Vincent-Jones noted reviewing the reports helped the committee track expenditures to frame allocations.
- Dr. Green presented summaries of expenditures with actual allocations, including NCC, and contracted amounts by service category through October 31st. He noted that some budget adjustments may not have yet been included.
- Mr. Vincent-Jones suggested it might be helpful to set an automatic threshold of under spending or over spending, e.g., 10%, at which point Mr. Young would provide additional explanatory information.
- Ms. Watt noted that Substance Abuse, Treatment and Substance Abuse, Residential had been flipped on the legal-size chart. OAPP would review. Transportation parentheses indicated it was under spent, but it was most likely overspent. More detail was requested. Ms. Watt noted Nutrition Support appeared overspent. Dr. Green confirmed it was, but the problem was addressed later. It was noted that the parentheses around the amount were a typo. Mr. Vincent-Jones noted the Planning Council line item could be removed since it was now part of Administrative Services.

10. TRANSPORTATION:

- Mr. Vincent-Jones noted several stakeholders had reported funds for bus passes had been depleted. While P&P could not tell OAPP how to administer contracts, it was pertinent to address whether funding was adequate. Dr. Green said Transportation funding equaled last year's. An internal meeting was planned to address provider concerns.
- Mr. Orozco reported that 42 consumers did not get bus passes last month in SPA #2. The agency manager said there had been 5 to 10 additional requests. Ms. Chamberlain, Common Ground, noted they needed more stickers, but also Big Blue Bus tokens for Santa Monica. Ms. Jackson added that AHF was also short. Ms. Granai noted that SPA #1 usage shifted with the weather since busses were scheduled less frequently there.

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- Dr. Puentes noted that Main Street Clinic, SPA #6, referred clients after 6 to 8 months to Spectrum. Consumers had not been able to receive stickers from Spectrum for the past two months. Main Street Clinic had re-budgeted funds twice from taxis to stickers to accommodate people returning to them for transportation. In addition, they had previously used a community worker and vehicle to take consumers to the Transit Department in Torrance to obtain a picture ID the same day. That service had been discontinued resulting in a one- to three-month time lag. They received about 25 stickers per month now with 10 from taxi funds, but could use 40. Stickers were also more expensive.
- Ms. Watt noted that, while bus passes might be more convenient, they might not be cost-effective since transportation was to be used only for core medical appointments. Other issues were barriers like mothers who needed to come with their children. Ms. Oranios noted that bus passes were more available in case of an emergency. Mr. Land suggested reviewing whether consumers might pay a share of cost for bus passes.
- Mr. Nollado noted his agency, APLA, provided comment at the Health Deputies meeting on the reduction in bus passes they could purchase due to the \$2 price increase effective July 2007. Overall they would be distributing about 150 fewer per month. Dr. Puentes reported another increase was due in 2008. Ms. Jackson recommended attending MTA meetings. The health sector rarely participated, she reported.
- ➡ Dr. Green said OAPP would report on transportation at the February P&P Committee meeting. He would bring OAPP's Transportation Coordinator with him.

11. CURRENT WORK PLAN: This item was postponed.

12. ANNOUNCEMENTS: There were no announcements.

13. ADJOURNMENT: The meeting was adjourned at 3:30 p.m.